

Deliverable for:
Conflict-Free Case Management
9.1 Describe current case management
system, including conflict-free policies
and areas of potential conflict

New Hampshire
Balancing Incentive Program

Workplan Submission
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Strengths and weaknesses of case management system

In general, NH Administrative Rules guide case management services and prohibit conflicts of interest. Each program area in DHHS differs slightly in their approach. To strengthen and improve NH's conflict-free case management system, DHHS will comprehensively examine the case management delivery system and work to establish protocols for removing conflict of interest. DHHS will also use BIP as an opportunity to improve the overall case management delivery system. DHHS will re-examine its case management system in order to strengthen our practices and ensure they are conflict free. This re-examination will include a study of national case management models and determine which one(s) would work best for New Hampshire. DHHS will also review the payment and rate setting methodology, to determine if the methodology currently in place creates an inherent conflict. If such a conflict exists DHHS will examine how that could be corrected.

Case Management services are available throughout the current Bureau of Elderly and Adult Services long term care services network for the elderly and adults with physical disabilities. Administrative rules have been adopted to require that services be provided by a case manager who is employed by an enrolled agency and who does not have a conflict of interest. Conflict of interest is defined by rule as conflict between the private interests and the official or professional responsibilities of a person, such as providing other direct services to the program participant, being the guardian of the participant, or having a familial or financial relationship with the participant (He-E 805.02). Currently there is only one case management provider who also provides direct services. If this case management agency is providing case management to a particular client the rules prevent the agency from providing that client direct services. However, the administrative rules and the case management system should be closely scrutinized to ensure that case management is truly conflict-free in both policy and practice.

New Hampshire's developmental services system revised its regulations more than a decade ago to provide its consumers with choice and control over all aspects of their services, including selection of providers. Within that approach, consumers are able to choose their case managers, known in the development services system as service coordinators. Notwithstanding that opportunity, the great majority of individuals choose to select their service coordinator from among those employed by an area agency. Some area agencies, which are responsible for a geographic catchment area of the State, arrange and provide developmental and acquired brain disorder services. Although NH regulations clearly articulate case management responsibilities and limitations, for example, a service coordinator may not provide direct services, the current organizational arrangement of case management services may provide some with the impression that it is not "conflict-free" in all cases. Developing and adopting stronger conflict of interest standards for the State's Developmental Services System could provide greater assurances to

individuals and their families regarding the transparency and integrity of the advocacy that their case managers would provide.

New Hampshire's community mental health targeted case management service is provided by 10 regional Community Mental Health Programs which also offer and provide a wide range of community mental health services to individuals determined eligible for LTSS. With the release of the nationally proposed rule regarding case management in December of 2007, the Bureau of Behavioral Health redefined the case management service (He-M 426.15) with the intent of precluding from the case management assessment, referral, linkage and monitoring process any assessment component related to community mental health services. CMS concurred with BBH that the community mental health treatment planning and monitoring were inherent responsibilities of the community mental health provider and should not be conducted or paid for as a case management service. Since that time the Community Mental Health Programs have adopted new comprehensive case management assessments, which focus on each individual's broader medical, education and social needs as defined in the regulation. This was done after much consultation with CMS to eliminate any conflict of interest from the case management service.

The pros of the case management system are that each individual receiving community-based services has a designated case manager who has expertise regarding the service delivery system. Case managers have knowledge of what services exist and know how to assist individuals in accessing those services. However, this specialized knowledge can also be a con in that case managers have limited knowledge of specialized services outside their area of expertise. In addition, there are currently no universal core training or competencies required to be a case manager.